

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT (ACH DEBITS)



Company Name: **Sexual Assault Center**

Company Tax ID Number: **62-1043294**

I (we) hereby authorize _____ herein called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) CHECKING SAVINGS account indicated below and the depository named below, herein called DEPOSITORY, to debit and/or credit the same to such account.

Depository Bank:

Branch:

City:

State:

Zip:

Routing Number :

Account Number :

This authorization is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY BANK a reasonable opportunity to act on it.

Name(s):
(please print)

ID Number:

Date:

Signed

Signed

Please staple to this form a voided check to verify bank account information for deposits into a Checking Account or a deposit slip for deposits into a Savings Account.

Date		8508
Pay to the Order Of:	[]	
Amount	\$	Dollars
Memo		
FIRST TENNESSEE		
084000026 8508 000000000		
Routing Number	Account Number	